PTC/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Applicant	Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER			R FILED	NUMBE	R EXTRA		RATE	FEE		RATE	FEE	
	C FEE FR 1.16(a))							s	OR		\$	
	L CLAIMS FR 1.16(c))		minus 20 =		•		x \$=	1	OR	x s=		
	PENDENT CLAIR FR 1.16(b))	AS	minus 3 =				x \$=	•	. OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR	+ \$=			
* If the difference in column 1 is less than zero, enter "O" in column 2.						•	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
7-1175 (Column 1) (Column 2) (Column 3)						SMALL E	NTITY	. OR	OTHER SMALL			
۲ ۲		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total proprise(c)	AMENDMENT	Minus	<u> </u>	-		X \$=		OR	x s=		
읾	Independent p7 CFR 1.16(b))	· 3	Minus	<u> </u>	٤		x \$=		OR	.x s=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+s =		
	/ /						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
21	6/06	(Column 1)		(Column 2)	(Column 3)					•		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
×	Total G7 CFR 1.16(ct)	. 10	Minus	20	•		x \$=		OR	X \$=		
AMENDMENT	Independent profit 1.16(b))	. 2.	Minus	- 3			x \$=		OR	x s=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		·OR	+;=		
Г			-			•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	•	(Column 1)		(Column 2)	(Column 3)	_			-			
ST		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total pr CFR 1.16(d)		Minus	**	5		x \$=		OR	X 8=		
AMENDMENT	Independent (SJ CFR 1.16(b))	•	Minus	•••	E .		x \$=		OR	X 8=	ļ	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+5 - 6		OR	+3	·	
a state of the sta							TOTAL ADD'L FEE		OR	ADD'L FEE		

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief triformation Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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